

Department of Health & Human Services

DHHS

N E B R A S K A

**Annual Report on the Public Health Portion
of the Nebraska Health Care Funding Act (LB 692)**

**Presented to the Governor of the State of Nebraska
and the Health and Human Services Committee of the Legislature**

**Office of Community and Rural Health
Division of Public Health
Nebraska Department of Health and Human Services**

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The Nebraska Health Care Funding Act (LB 692) was passed in 2001 by the Nebraska Legislature. This Act provides funding to local public health departments to assist them in implementing the three core functions of public health and the ten essential public health services. The Act also requires all of the eligible local public health departments to prepare an annual report each fiscal year. These reports identify how the funds were spent to meet the ten essential public health services, including a description of their specific programs and activities.

This report provides a summary of the key findings from each of the 18 local public health departments that have received funding, and covers the period July 1, 2012 to June 30, 2013. The report is divided into three sections. The first section reviews the organizational coverage as well as the funding and spending levels for each department. The second section describes the current activities, services, and programs provided by the health departments under each of the ten essential public health services. The final section contains some short stories that describe how the departments are improving the lives of people in their communities.

Organizational Coverage

As of June 30, 2013, a total of 18 local public health departments covering 86 counties were eligible to receive funds under the Health Care Funding Act. The list of eligible public health departments and their affiliated counties is shown in Table 1 and Figure 1. Because Dakota and Scotts Bluff Counties have single county health departments, these departments do not meet the population requirements of the Health Care Funding Act. Likewise, the five counties that comprise the Sandhills District Health Department do not meet the population requirements.

Funding and Expenditure Levels

Table 2 depicts the amount of infrastructure and per capita funds distributed to each of the eligible departments under LB 692. The total amount of funds ranged from \$1,107,698 for the Douglas County Health Department to \$157,671 for the Loup Basin Public Health Department. The table also includes the amount of LB 1060^a funding distributed to each eligible health department, which totaled \$105,458 per department. The amount of infrastructure funding under LB 692 was based on the 2000 Census because these population estimates were used when the departments were originally established. The health departments with service areas that included a population of 100,000 or more people received \$150,000. If the population was between 50,000 and 99,999, the amount of funding was \$125,000, and departments that had at least 30,000 people but fewer than 50,000 received \$100,000. The amount of per capita funds under LB 692, which were based on the 2010 Census, was approximately \$1.85 per person.

Table 3 summarizes the expenditures by category for the 18 local public health departments that were eligible for funding. As expected, expenses for personnel and benefits accounted for approximately 61 percent of the total expenses. The next largest spending category was public health programs which represented about nine percent of the total expenses. The line item labeled “Other” includes expenses for insurance and mini-grants. The total LB 692 and LB 1060

^a LB 1060 was passed in 2006 with the intent to develop epidemiology and data capacity in local health departments.

funds spent during this fiscal year (\$7,259,677) was slightly less than the total funds received (\$7,303,244).

Leveraging Other Funds

Although funds from the Nebraska Health Care Funding Act serve as the financial foundation for the local public health departments, all of the departments have been very successful in leveraging other funding sources. For example, federal grant funds have been passed through the state health department to local public health departments for emergency preparedness planning, public education efforts related to West Nile Virus and the Clean Indoor Air Act, Preventive Health and Maternal and Child Health block grants, and radon testing. Some departments have also received grant funds from private foundations and directly from the federal government. It is estimated that the total amount of additional funds that have been leveraged since July 2002 is well over \$30 million.

Table 1**Local Public Health Departments funded under the
Nebraska Health Care Funding Act (LB 692)**

NAME	COUNTIES
Central District Health Department	Hall, Hamilton, Merrick
Douglas County Health Department	Douglas
East Central District Health Department	Boone, Colfax, Nance, Platte
Elkhorn Logan Valley Public Health Department	Burt, Cuming, Madison, Stanton
Four Corners Health Department	Butler, Polk, Seward, York
Lincoln-Lancaster County Health Department	Lancaster
Loup Basin Public Health Department	Blaine, Custer, Garfield, Greeley, Howard, Loup, Sherman, Valley, Wheeler
North Central District Health Department	Antelope, Boyd, Brown, Cherry, Holt, Keya Paha, Knox, Pierce, Rock
Northeast Nebraska Public Health Department	Cedar, Dixon, Thurston, Wayne
Panhandle Public Health District	Banner, Box Butte, Cheyenne, Dawes, Deuel, Garden, Kimball, Morrill, Sheridan, Sioux
Public Health Solutions District Health Department	Fillmore, Gage, Jefferson, Saline, Thayer
Sarpy/Cass Department of Health and Wellness	Cass, Sarpy
South Heartland District Health Department	Adams, Clay, Nuckolls, Webster
Southeast District Health Department	Johnson, Nemaha, Otoe, Pawnee, Richardson
Southwest Nebraska Public Health Department	Chase, Dundy, Frontier, Furnas, Hayes, Hitchcock, Perkins, Red Willow
Three Rivers Public Health Department	Dodge, Saunders, Washington
Two Rivers Public Health Department	Buffalo, Dawson, Franklin, Gosper, Harlan, Kearney, Phelps
West Central District Health Department	Lincoln, Logan, McPherson

Figure 1. Map of Nebraska's Local Health Departments

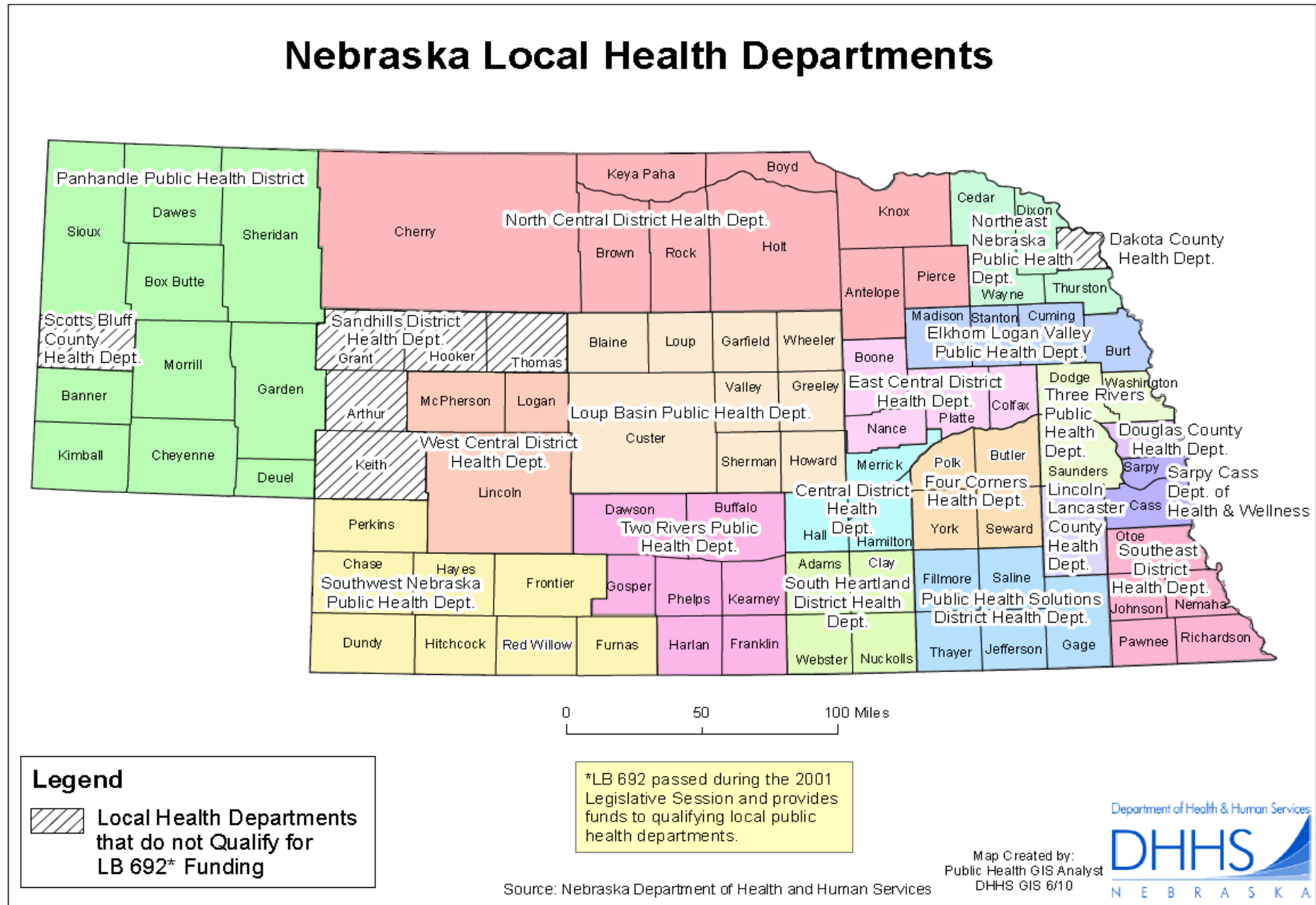


Table 2
LB 692 and LB 1060 Health Department Payments
July 1, 2012 – June 30, 2013

District Name	LB 692 Infrastructure	LB 692 Per Capita	LB 1060	Total	2000 Population used for Infrastructure	2010 Population used for Per Capita
Central District	\$125,000	\$139,968	\$105,458	\$370,426	71,141	75,576
Douglas County	\$150,000	\$957,698	\$105,458	\$1,213,156	463,585	517,110
East Central	\$125,000	\$96,290	\$105,458	\$326,748	52,400	51,992
Elkhorn Logan Valley	\$125,000	\$105,569	\$105,458	\$336,027	59,675	57,002
Four Corners	\$100,000	\$81,889	\$105,458	\$287,347	45,500	44,216
Lincoln-Lancaster	\$150,000	\$528,580	\$105,458	\$784,038	250,291	285,407
Loup Basin	\$100,000	\$57,672	\$105,458	\$263,130	33,122	31,140
North Central	\$125,000	\$85,923	\$105,458	\$316,381	51,084	46,394
Northeast Nebraska	\$100,000	\$58,129	\$105,458	\$263,587	32,976	31,387
Panhandle	\$125,000	\$94,118	\$105,458	\$324,576	53,459	50,819
Public Health Solutions	\$125,000	\$102,187	\$105,458	\$332,645	57,858	55,176
Sarpy/Cass	\$150,000	\$340,922	\$105,458	\$596,380	146,929	184,081
South Heartland	\$100,000	\$85,597	\$105,458	\$291,055	47,308	46,218
Southeast District	\$100,000	\$72,860	\$105,458	\$278,318	40,078	39,341
Southwest District	\$100,000	\$58,503	\$105,458	\$263,962	33,610	31,589
Three Rivers	\$125,000	\$143,911	\$105,458	\$374,369	74,770	77,705
Two Rivers	\$125,000	\$175,566	\$105,458	\$406,024	92,756	94,797
West Central	\$100,000	\$69,617	\$105,458	\$275,076	35,939	37,590
Total	\$2,150,000	\$3,255,000	\$1,898,244	\$7,303,244	1,642,481	1,757,540

Table 3

**LB 692 Local Public Health Departments
July 1, 2012—June 30, 2013 Expenses**

Departments:		LB 692 Local Public Health Departments	
Total Funds Received (LB 692):	\$5,405,000	}	\$7,303,244
Total Funds Received (LB 1060):	\$1,898,244		
Total Funds Spent (LB 692):	\$5,621,119 ^b	}	\$7,259,677
Total Funds Spent (LB 1060):	\$1,638,558		
Budget Period:		July 1, 2012 – June 30, 2013	

Line Items	Expenses	
	LB 692	LB 1060
Personnel	\$2,745,427	\$708,593
Benefits	\$821,342	\$163,210
Travel	\$144,427	\$27,374
Office Expense/Printing	\$409,881	\$123,761
Communications/Marketing	\$180,502	\$46,643
Equipment/Construction	\$222,978	\$35,905
Contractual	\$239,277	\$131,847
Public Health Programs	\$365,505	\$291,516
Other	\$491,780	\$109,709
Total	\$5,621,119	\$1,638,558
	\$7,259,677	

^b The total LB 692 funds spent during this fiscal year was greater than the total funds received because departments reported funds that were carried over from the previous fiscal year in their reports.

Current Activities

The activities and programs of the local public health departments are organized under the three core functions of public health: assessment, policy development, and assurance. The assessment function involves the collection and analysis of information to identify important health problems. Policy development focuses on building coalitions that can develop and advocate for local and state public health policies to address the high priority health issues. The assurance function makes state and local public health agencies as well as health professionals responsible for ensuring that programs and services are available to meet the high priority needs of the population.

Additionally, the activities and programs of the local public health departments are summarized under the associated ten essential services of public health. The ten essential services of public health provide a working definition of public health and a guiding framework for the responsibilities of local public health systems. These functions and services are specifically referenced in the 2001 Health Care Funding Act. The ten essential services include:

1. Monitor health status to identify and solve community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships and action to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure competent public and personal health care workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.

During the fiscal year July 1, 2012 to June 30, 2013, considerable progress was made in the provision of the three core functions and ten essential services of public health. Every health department receiving funding under LB 692 and LB 1060 demonstrated significant improvement in both number and complexity of activities and programs during this time period. At this juncture, all of these health departments are providing the core functions and all of the ten essential services. Because of the large number of activities and programs, only a few examples from specific health departments are provided under each of the ten essential services to ensure that the report does not become too lengthy. However, the individual reports of these 18 health departments are available upon request.

Core Function—Assessment

Essential Service 1: Monitor Health Status to Identify and Solve Community Health Problems

This service includes correct identification of the community's health problems and emergencies; review of health service needs; attention to health problems of specific groups that are at higher risk than the total population; and collaboration to manage shared information systems with other health care providers.

- Over the past twelve years, all 18 local public health departments have conducted a comprehensive community health assessment and have repeated the process at least every five years. Departments also use the Mobilizing for Action through Planning and Partnerships (MAPP) approach to update their local public health improvement plans approximately every five years. This process involves a thorough review of health needs, community health risks (e.g., tobacco use, obesity levels, and environmental quality), and the ease of access to health services (e.g., insurance coverage status, transportation). This process also involves full input from a diverse group of community members and the development of local health priorities.
 - The Three Rivers Public Health Department partnered with DHHS, the University of Nebraska Medical Center, the Lincoln-Lancaster County Health Department, and other local health directors to provide a web-based Community Health Assessment and data dashboard that can be utilized by the department staff, partnering agencies, and district residents to provide timely data that is comparable by county, state, and national benchmarks.
 - The North Central District Health Department partnered with all eleven hospitals throughout their district to complete their most recent community health assessment. The Mobilizing for Action through Planning and Partnerships (MAPP) process was used. Involvement of community members from several local organizations was a key to the success of the overall project and plan development.
 - The Elkhorn Logan Valley Public Health Department (ELVPHD), in collaboration with local hospitals, conducted a Community Health Assessment. The purpose of this project was to determine the behaviors and current health status of individuals in their service area, as well as to establish the greatest public health needs for their service area. The results of the assessment were used to help public health officials, hospitals, and community partners in identifying areas of needed improvement and to agree upon priority areas where the ELVPHD should focus their efforts.
- Most of the local public health departments make local data available to the public on their websites, giving their community partners access to the information (see Appendix A for a list of health departments and their websites).
 - The Sarpy/Cass Department of Health and Wellness has launched the “Network of Care” data software program to further enhance the information

- sharing platform on the Department's website. Any Sarpy or Cass County resident may access this site to find county-level statistics, health news, medical care issues, information about state and federal legislative bills on healthcare topics, or to create a personal health plan with stored data of their own. Network of Care information may also be translated into 50 different languages.
- The Northeast Nebraska Public Health Department (NNPHD) shares data through Geographic Information Systems (GIS) maps. The NNPHD Emergency Response Coordinator and a student intern from Wayne State College prepare GIS maps on a variety of topics. These maps are made available on the NNPHD website.
 - The Lincoln-Lancaster County Health Department (LLCHD) continued to develop health data dashboards that are available to the public. LLCHD worked to enhance data gathering, management, and analysis of data, as well as the improvement of availability of population-based data on their website.
 - Most of the public health departments utilize data collected from a variety of sources to help identify significant problems, trends, or gaps in services within their districts.
 - All 18 local public health departments have contracted with the Department of Health and Human Services (DHHS), Division of Public Health to complete an oversample of the Behavioral Risk Factor Surveillance System (BRFSS) Survey for their districts. These data allow them to continue to monitor health risk factors such as tobacco and alcohol use, levels of physical activity, and seat belt use in their local areas. BRFSS data are essential in determining priorities and measuring success that will lead to a healthier community.
 - The Douglas County Health Department (DCHD) utilizes data to illustrate the ongoing challenge with STDs in their service area. DCHD continues to record chlamydia and gonorrhea infections at epidemic rates (approximately 40 percent higher when compared to Nebraska rates and 25 percent higher than national rates). These infections have disproportionately affected young people ages 15 to 24 and racial/ethnic minorities. These findings are statistically similar to previous years.
 - The West Central District Health Department (WCDHD) has used data collected from a variety of sources to help identify access to dental care for the underserved as a significant issue within their service area. Most dentists in the service area do not accept Medicaid, and for those who do, it is on a limited basis. Having public health hygienists and a full-time dentist would greatly improve access to dental services. A major challenge is recruiting a dentist to the rural area to work with the underserved. In the interim, the dental department within WCDHD started a "WE CARE" program, which utilized a contracted retired dentist to provide needed emergency dental care approximately three days per month.

- All of the local health departments worked with staff from the Division of Public Health to track and monitor various diseases such as tuberculosis, West Nile Virus, foodborne illnesses, influenza-like illness (ILI), and pertussis (whooping cough).
 - The Four Corners Health Department identified an increase in the number of pertussis cases including outbreaks in one of the local school systems, and several child care centers. One concern noted by the health department was that cases were being reported in people who were previously vaccinated. It will be important to continue to monitor the number of these cases, as well as the vaccination status of patients.
 - All departments participate in a statewide school surveillance program to monitor and report absences due to illness (e.g., flu and asthma). This system allows state and local health officials to respond more promptly to disease outbreaks. The departments are also working with the infection control nurses in hospitals to identify patients with influenza-like illnesses. This activity allows them to work with local businesses and the community at large to make appropriate disease prevention recommendations.
- Many of the departments are also utilizing a health risk assessment tool to collect district-specific health data. The departments make the tool available to English and Spanish-speaking community members who want to learn more about their personal health risks. This tool is also utilized as part of worksite wellness programs at local health departments. Individuals who complete the tool receive a personalized, detailed report according to their responses.
- Several local public health departments have formed Colon Cancer Coalitions over the past few years. The coalition members analyzed data obtained from the Division of Public Health on colon cancer occurrence, death, and screening rates. The Coalitions then decided on strategies to improve screening rates in their regions. One strategy involved the implementation of Fecal Occult Blood Test (FOBT) kit distribution to pharmacies and other locations across the districts.

Essential Service 2: Diagnose and Investigate Health Problems and Health Hazards in the Community

This essential service includes the identification of emerging health threats; the ability of public health laboratories to conduct rapid screening and high volume testing; and the ability to investigate disease outbreaks and identify patterns of chronic disease and injury.

- All 18 local health departments conducted numerous disease investigations for a variety of health concerns, including rabies, tuberculosis, sexually transmitted infections, West Nile Virus, and E. coli. Often the health department nurse provided follow-up with case management or appropriate educational information. In addition, the local public health departments continue to participate in the National Electronic Disease Surveillance System (NEDSS). The system is designed so that state and local public health departments as well as the Centers for Disease Control and Prevention (CDC) can monitor and assess disease trends and guide prevention and intervention programs. Local health department employees are the

foundation of the system and can intervene more quickly when there is a communicable disease or foodborne illness outbreak.

- The Central District Health Department (CDHD) works closely with the Hall County Mormon Island State Recreational Area to monitor a condition known as “swimmer’s itch.” This condition is the result of larvae that cycle between water fowl and snails living at the bottom of the lake. When humans are exposed, they frequently develop an intensely itchy rash, often severe enough to require medical attention. Working closely with the CDC, the CDHD has provided water samples to be analyzed for the presence of the larvae. The department will continue work with the CDC in ongoing research of this condition.
- Nurses at the Panhandle Public Health District monitor the NEDSS for communicable diseases in the Panhandle. Over the past year, there were 83 confirmed, probable, or suspect communicable diseases in the Panhandle during the reporting period. By using the NEDSS, the health district is able to promote prevention measures and help prevent the spread of the disease.
- The Two Rivers Public Health Department (TRPHD) works with DHHS to conduct epidemiological investigations and follow-up on a variety of health issues including: food and water borne illnesses, vector-borne disease, hepatitis, and emerging infectious diseases. The TRPHD has conducted 233 disease investigations this year using the NEDSS.
- The Elkhorn Logan Valley Public Health Department (ELVPHD) conducts numerous surveillance and containment activities within their jurisdiction. During June of this year, there were two cases of pulmonary tuberculosis identified within the district. One was particularly challenging, because it involved a transient worker who had made multiple contacts that spanned across several states, due to the nature of his work. ELVPHD worked closely with DHHS to assist the patient with a successful transition back to the home state. Additionally, ELVPHD helped to ensure that the patient’s co-workers were tested for tuberculosis, and that family members were notified.

Spotlight On: Investigating a Salmonella Outbreak

In collaboration with the State Epidemiology team, the South Heartland District Health Department (SHDHD) investigated an outbreak of salmonella at the Blue Hill Care Center, a senior living facility located in Blue Hill, Nebraska. The investigation included interviews with staff and residents of the facility, as well as a site visit and sample collection. Education on the risks associated with salmonella was also shared with Blue Hill Care Center staff. The SHDHD worked with the Nebraska Department of Agriculture, the Mary Lanning Healthcare Laboratory, DHHS, and the DHHS Public Information Officer to successfully resolve this issue.

- Many departments investigated a variety of nuisance problems, including mold, property concerns, animals, and garbage. For example, the Douglas County Health Department (DCHD) uses lab personnel and other environmental health staff within the department to conduct indoor air quality investigations for the presence of mold, dust, chemicals, and other potential asthma triggers. During the twelve months of this report, the DCHD lab received approximately 480 phone calls about indoor air quality concerns. Most of the calls received were handled via telephone by informing and educating the caller. DCHD responded to 38 indoor air cases by responding onsite.
- Local public health departments are a key element of local emergency response in disaster situations. The departments bring together key stakeholders to hold periodic emergency response exercises to test preparedness plans.
 - The Four Corners Health Department (FCHD) conducted site visits to all district hospitals, long-term care facilities, some assisted living facilities, and a women's correctional facility, to review each organization's emergency response plan. During these site visits, staff encouraged some of these facilities to become closed "Points of Dispensing," which means that these facilities would agree to receive medications/vaccines and supplies directly from FCHD supply chains in a public health emergency. FCHD staff also shared the latest information about reporting and controlling outbreaks of influenza and gastrointestinal illness.
 - The Panhandle Public Health District (PPHD) participates in the Panhandle Region Medical Response System Leadership meetings, which are held every other month. This group works together to develop and review evacuation and mass fatality response plans. The group also utilizes the new "Health Care Preparedness Capabilities" resource from the U.S. Department of Health and Human Services, which assists health systems in identifying gaps in preparedness, determining specific priorities, and developing plans for building and sustaining healthcare-specific capabilities.
 - The Southeast District Health Department (SEDHD) provides an emergency plan template and training to all licensed daycare centers in its service area. In addition, SEDHD provides education to these facilities through quarterly newsletters on a wide range of topics, including immunization schedules, prevention practices, safety practices, and upcoming educational opportunities.

Essential Service 3: Inform, Educate, and Empower People about Health Issues

This essential service involves social marketing and targeted media communication; providing health information resources to communities; active cooperation with personal health care providers to reinforce health promotion messages and programs; and joint health education programs with schools, churches, and worksites.

- Nebraska's local public health departments are constantly providing information to the public on ways to become and stay healthy. The departments also help both health professionals and the general public stay informed on how to make healthy choices. In addition, all health

departments provide educational information about larger public health issues ranging from radon and hand washing to dental care and the benefits of physical activity to community members and organizations.

- The Three Rivers Public Health Department's clinic staff has been trained in HIV counseling by the Nebraska Infertility Prevention Program. The training provides participants with the skills, knowledge, and practice required to effectively utilize a six-step HIV prevention counseling protocol, that is designed to improve the ability of counselors and support individuals in making behavioral changes that reduce their risk of acquiring or transmitting HIV. Clinic staff helps patients develop a plan for reducing their risk of contracting and/or spreading sexually transmitted diseases. From July 2012 to June 2013, a total of 518 patients were counseled on how to prevent the spread of STDs.
- The Southwest Nebraska Public Health District partners with McCook Public Schools, the YMCA, and local dieticians on the Nebraska Kids Fitness Nutrition Day (NKFND). This program targets all 4th grade students in the health district. Over 1,100 students participated in a number of different fitness activities as part of the NKFND program, and each student also received a bag with educational resources that they could share with their family.
- The Lincoln-Lancaster County Health Department has coordinated the Summer Food Service Program (SFSP) in Lincoln for 33 years to provide nutritious meals to children living in the highest poverty areas of Lincoln. In 2013, approximately 3,000 children at 32 sites received 92,000 meals over a 10-week period. In addition to the meals, the children receive education on eating healthy and being physically active.
- The Central District Health Department implemented a sugar-sweetened beverage campaign designed to increase awareness of the health concerns related to consumption of "empty-calorie" beverages such as soda. The campaign is entitled, "Rethink Your Drink." Accurate information is distributed to the general public through various media outlets in an effort to increase the thought given to beverage choices, thereby reducing empty calories that lead to excess body fat.
- The South Heartland District Health Department promoted an event called "Obesity Prevention through Education Targeted to Children." This all-day event provided 544 elementary school students with physical activity and nutrition education.
- Several local health departments utilize Community Health Workers in an effort to conduct health promotion and outreach activities, and to increase the health knowledge of communities.
 - At the Northeast Nebraska Public Health Department, the Community Health Workers provided classes in Spanish with a focus on "Living Well with

Diabetes.” Health literate books on diabetes were provided to participants at no charge, and diabetes risk assessments were conducted for participants.

- Several departments are working to help local businesses create wellness programs. These departments use a process that includes a review of the health status of their workers, a review of business priorities, a written wellness plan, and implementation of the plan. They provide technical and evaluation assistance to the businesses. For example, The Panhandle Public Health District coordinates the Panhandle Worksite Wellness Council. This council was formed in 2011 in partnership with the Scotts Bluff County Health Department to serve 37 worksites throughout the 11-county region. Coordination is provided by the two partnering health departments and guidance by an advisory committee comprised of worksite representatives from around the area. The wellness council provides tools and consultation for members, quarterly training and networking opportunities, and ready-to-use services such as employee newsletters, podcasts, and customizable policies and behavioral change programs.
- Thirteen departments are working to make their regions healthier through a Healthy Communities program. The departments use a health improvement program to address a local health priority. The programs focus on making improvements to health outcomes with policy and environmental changes. They address heart disease, stroke, diabetes, injury, cancer, and the risk factors for these health problems (i.e., poor nutrition, physical inactivity, and tobacco use).

Core Function—Policy Development

Essential Service 4: Mobilize Community Partnerships to Identify and Solve Health Problems

This essential service involves bringing community groups and associations together, including those not typically considered to be health-related, to help solve health problems; and building coalitions to draw upon the full range of potential human and material resources.

- All of Nebraska’s local public health departments have organized stakeholders to address local health problems. The departments convene or participate in coalitions addressing topics such as tobacco, colon cancer, suicide, oral health, physical activity, and behavioral health.
 - In an effort to reduce prescription drug misuse and abuse, the South Heartland District Health Department partnered with the Area Substance and Alcohol Abuse Prevention organization, the Hastings Police Department, the Clay County Sheriff’s Department, and the Webster County Sheriff’s Department on the “National Drug Take-Back Day,” which was sponsored by the Drug Enforcement Agency on September 29, 2012. With drop-off sites in each county, the health department collected a total of 233 pounds of unused or expired medications, which were shipped to the Drug Enforcement Agency for environmentally safe disposal.

- The Central District Health Department (CDHD) works with Community Advisory Committees throughout the district on the development of worksite wellness programs. The Community Advisory Committees inform and guide the implementation of best practice policies and programs proven to be effective in rural workplace settings. In addition, CDHD staff track outcomes and share data with the Community Advisory Committees on an ongoing basis.

Spotlight On: The Vaccines for Children Program

The Southwest Nebraska Public Health Department (SWNPHD) worked with local school systems in their district to implement the Vaccines for Children program. The Vaccines for Children (VFC) program is a federally funded program through the Centers for Disease Control and Prevention (CDC) that provides vaccines at no cost to children who might not otherwise be vaccinated because of an inability to pay for them. Communication with all school nurses was done through email, personal visits, and letters that contained information on the VFC program. Numerous media releases and radio interviews were conducted to share information with the public. Other key partners included a community hospital and two additional local health clinics.

- The health departments continue to maintain their preparedness for public health emergencies. Emergency response planning efforts have required the establishment of partnerships between various organizations and agencies. Emergency response planning is inclusive of all foreseeable emergencies, including pandemic influenza. New partnerships with hospitals and health care providers are continually being established.
- All local public health departments are involved in their regional medical response systems. The purpose of the medical response systems is to bring together representatives from hospitals, public health, fire, law enforcement, emergency management, behavioral health, EMS, government entities, and community organizations for an integrated medical response to any disaster that threatens the health and well-being of the public. The systems facilitate communication and cooperation among members to enhance planning, prevention, response, and recovery efforts, whether the disaster is natural, manmade, biological, or terrorist in nature.
- All local health departments continue to implement evidence-based strategies as part of their work with community-based partners across their districts. For example, one of the evidence-based strategies implemented by the East Central District Health Department (ECDHD) is the Nutrition and Physical Activity Self-Assessment of Child Care (NAP SACC). This program is designed to enhance policies, practices, and environments in child care by improving the nutritional quality of food served; the amount and quality of physical activity; staff/child interactions; facility nutrition; and physical activity policies and practices. ECDHD staff provides a presentation and individualized follow-up with each in-home/center implementing the program. During the twelve months of this report, ECDHD trained 30 in-home providers and three daycare centers.

Essential Service 5: Develop Policies and Plans that Support Individual and Statewide Health Efforts

This essential service requires leadership development at all levels of public health; regular community-level and state-level planning for health improvement; tracking of measurable health objectives as part of continuous quality improvement strategies; and development of codes, regulations, and legislation to guide the practice of public health.

- All departments are continuously updating their emergency preparedness and pandemic influenza plans. The response plans include guidelines for early detection, response and notification, risk communication, environmental safety, quarantine and isolation, and mass vaccination/dispensing clinics. They conduct exercises to test various components of the plans.
- All departments work with their communities to propose and implement public health policies that improve population health and reduce disparities.
 - The Sarpy/Cass Department of Health and Wellness began efforts to educate and assist communities and private associations on implementing tobacco-free outdoor recreational facilities, by partnering with Tobacco Free Sarpy and Tobacco Free Cass County. Because of this initiative, the cities of Papillion and La Vista, as well as the Bellevue Soccer Club and Plattsmouth Main Street Association, have all adopted tobacco-related policies at their outdoor facilities.
 - The Loup Basic Public Health Department (LBPHD) works with all of the local schools in their health district on the School Health Index (SHI), which is a self-assessment and planning tool that schools can use to improve their health and safety policies and programs. The LBPHD also provides technical assistance to schools, hospitals, and nursing homes in the district with tobacco-free campus policy development.
 - The Central District Health Department's Community Health Division has worked with Grand Island Public Schools to adopt wellness activities, and to help ensure that healthy foods are available in school lunches and vending machines throughout the school system.
- Most local health directors help develop needed health policy changes at the local level by helping to draft ordinances and meeting with the appropriate local government officials.
 - The South Heartland District Health Department (SHDHD), as a member of the Healthy Hastings Coalition, helped to draft a policy of the National Complete Streets Coalition called the "Share Our Streets" campaign. This national coalition assists local governments in instituting a "complete street" policy. A "complete street" is designed to be a safe continuous travel network for all users, including pedestrians, cyclists, transit users, and motorists. The purpose of the policy is to provide a network of interconnected local and collector streets that support all users. Elements of this

policy effort include a focus on street and sidewalk lighting, street trees and landscaping, drainage, parking, and street amenities. The policy proposed by SHDHD and the Healthy Hastings Coalition was passed by the Hastings City Council in May of 2013.

Spotlight On: The Buffalo County Public Policy Academy Team

The Two Rivers Public Health Department is a member of the Buffalo County Public Policy Academy Team which includes the Kearney Clinic, Region 3 Behavioral Health, Community Action Partnership of Mid-Nebraska, Sentinel Health Care, and Buffalo County Community Partners. These partners participated in the Health Policy Academy. As a result of the Health Policy Academy training, the Buffalo County Public Policy Academy Team has drafted a policy statement and communication plan that will assist in the development of the community health worker workforce across Nebraska.

- Local health departments continue to work to improve outcomes for their public health programs by implementing quality improvement initiatives within their departments. Quality improvement is an ongoing and continuous effort to achieve measureable improvements in the efficiency, effectiveness, performance, accountability, and outcomes of public health programs to improve the overall health of the community.
 - The most recent quality improvement project for the North Central District Health Department was a 6-month project that analyzed the collection of public health data housed within the health department. The result of the analysis was a newly established written procedure for data collection.
 - The East Central District Health Department (ECDHD) has had a quality improvement plan and process in place for the past ten years. This plan is updated at a minimum of every three years, although most recently it has been updated nearly twice every year. The department's quality improvement efforts are quite robust, and include over 100 performance measures, a requirement of every department within ECDHD to do a quality improvement project at least once a year, and regular metric tracking.

Core Function—Assurance

Essential Service 6: Enforce Laws and Regulations that Protect Health and Ensure Safety

This essential service involves enforcement of clean air standards and sanitary codes; and timely follow-up of hazards, preventable injuries, and medical services.

- Local public health departments continue to educate members of their communities on public health laws, policies, regulations, and ordinances, and how to comply with them. For example, many local public health departments conduct voluntary inspection visits for

compliance with Nebraska's Clean Indoor Air law. Along with inspections, the departments help raise awareness of the requirements by providing educational materials to businesses.

- The Panhandle Public Health District has distributed educational materials to over 170 multi-unit housing managers, encouraging them to adopt smoke-free policies. This project was made possible through funding from Tobacco Free Nebraska.
- The South Heartland District Health Department performs a number of radon awareness and outreach activities including educating Central Community College construction management students on radon resistant new construction and how to comply with the International Residential Code, which was adopted by the city of Hastings.
- Many local health departments, such as the North Central District Health Department, provide resources and guidance on issues relating to the Landlord/Tenant Act.
- The Lincoln-Lancaster County Health Department enforces the city ordinance and relevant state statutes to protect the public from outbreaks of communicable diseases. For example, the department has utilized the provisions that require individuals with active Tuberculosis (TB) to be isolated and treated. They have also used the ordinance to exclude students and staff from childcare, school, or work settings when appropriate.
- Local public health departments continue to educate medical providers on adherence to Nebraska's reportable disease requirements. Reporting aggregate disease information back to the local communities is essential for public awareness and safety.
 - During the twelve months of this report, the Elkhorn Logan Valley Public Health Department had staff visit all healthcare provider clinics, hospitals, and laboratories in the district to ensure their compliance with disease reporting laws.
 - The Four Corners Health Department (FCHD) sponsors a quarterly meeting of all Infection Control/Preventionists in their district. These professionals come from a variety of organizations to share ideas and learn from one another. FCHD also brings in state experts to provide additional information and training on topics such as the Tuberculosis program, reportable disease regulations, and rabies regulations.
- Many of the 18 local health departments partner with local law enforcement agencies to address the availability of alcohol and tobacco to minors.
 - The East Central District Health Department (ECDHD) has two programs, the Tobacco Prevention Program and the Youth Substance Abuse Prevention Program, that work to address this problem. Compliance checks were conducted in two counties in the ECDHD service area. A total of eight businesses had

alcohol compliance checks conducted in their facilities from July 2012 through June 2013. These checks resulted in a compliance rate of 95.1 percent which is up from the previous year.

- The Panhandle Public Health District (PPHD) contracts with the Nebraska State Patrol and the Scottsbluff Police Department to complete two rounds of tobacco compliance checks throughout their service area. During the twelve months of this report, 118 checks were completed, with a 95 percent compliance rate.
- The Healthy Community Initiative Coordinator and four other area individuals at the Elkhorn Logan Valley Public Health Department are certified trainers of the “TIPS” (Training for Intervention Procedures) program to conduct on-premise, off-premise and concessions trainings. TIPS is a nationally recognized program that trains alcohol handlers in doing their jobs properly and more effectively. This program has numerous benefits, including helping workers identify and defuse difficult situations, assisting workers in carding more effectively to avoid serving and selling to minors and/or intoxicated persons, and for some that complete the training receiving insurance discounts. Trainings were offered free of charge. During the reporting period, five trainings were held and educated approximately 25 people.
- All 18 local public health departments respond to nuisance complaints including animal complaints, noise complaints, mold, and a wide range of other issues. The departments work with local law enforcement to ensure that the problems are addressed and resolved. For example, the Loup Basin Public Health Department (LBPHD) acts as a liaison between the community and local authorities. The health department received 220 calls during the 12 months of this report that dealt with a variety of complaints including water, mold, rabies, and radon. LBPHD works continuously with community members to provide education and resources on these issues.
- Many local health departments work with local child care agencies, school systems, and the general public to help ensure adherence to applicable laws and regulations focused on the health and safety of children.
 - The Sarpy/Cass Department of Health and Wellness has five employees who are nationally certified child passenger safety technicians. Twice a month, these employees work with the Safe Kids Sarpy/Cass County program on a child passenger safety seat inspection station. Parents participate in an educational session where they learn to install and adjust the child seat. These inspection stations have been very successful with a full calendar of appointments. During the reporting year, 137 child passenger safety seats were inspected by the Safe Kids program, and 48 seats were provided to qualifying families free of charge.
 - The Elkhorn Logan Valley Public Health Department (ELVPHD) has agreements with two area schools and provides school nursing services for these schools through contractual relationships. One of the many duties that ELVPHD performs

as part of these contracts is to review the health and immunization records for all students. If students are found to be out of compliance according to state laws, nursing staff work closely with school administration to identify students who are noncompliant, and work with them on next steps.

Spotlight On: Health and Safety Training for Child Care Staff

The Lincoln-Lancaster County Health Department (LLCHD) and its Child Care Health Consultation Services division is tasked with educating child care centers in the community about the Lincoln Municipal Code 8.14, which requires health and safety training for child care staff every two years. Five hundred ninety-eight child care staff attended the Health and Safety Training in 2013, which included information such as illness prevention and exclusion, diapering, hand washing, food safety, health laws, policies and regulations. The training was re-designed in 2013 to be more of an interactive experience for those attending. The training emulates an actual child care health and safety inspection, which is used to regulate child care facilities.

Essential Service 7: Link People to Needed Medical and Mental Health Services and Assure the Provision of Health Care when Otherwise not Available

This essential service includes assuring that socially disadvantaged people have a coordinated system of clinical care; culturally and linguistically appropriate materials and staff are available to link to services for special population groups; and targeted health information is available for high risk population groups.

- Local health departments are continually working to improve access to medical, dental, and behavioral health care for disadvantaged individuals in their districts.
 - All 18 local health departments are improving access to care for Medicaid and Kids Connection clients through this final year of the Public Health Nurse program (PHN), which is operated through a contract with the state Medicaid office. This program is designed to increase access to health care services for individuals eligible or potentially eligible for Medicaid or Kids Connection by helping them to find a medical, dental, or vision home. For example, the Two Rivers Public Health Department's Public Health Nurse Program provides daily assistance to clients within the district. During the reporting year, 2,215 informational packets were distributed to Medicaid-eligible clients in their seven county service area.
 - Many local health departments continue to identify the lack of access to dental services in their service areas as a significant issue for the people in their districts. Several departments continue to expand and maintain dental services for residents with lower incomes. The Panhandle Public Health District worked with UNMC dental and hygiene students to provide a "Dental Day" in Sidney, Alliance, Chadron, and Gordon. There were 265 total patients seen at the five sites. All

local dentists donated free screening exams, staff time, and space for the care to be provided.

- Linking children to essential dental services is a primary goal for the Lincoln-Lancaster County Health Department (LLCHD). LLCHD's Division of Dental Health and Nutrition Services continued to collaborate with Lincoln Public Schools and the Lincoln District Dental Association to screen and identify those children in need of urgent dental care and dental homes. Staff provided follow-up with school nurses for children with priority dental needs to assure families are being connected to dental homes. Staff worked with high need schools to target those children in need of urgent care and who are unable to access dental care with transportation. During the reporting year, 5,616 elementary school-aged children were screened who had not seen a dentist in the past year.
- The Four Corners Health Department operates a medication assistance program, sponsored by participating pharmaceutical companies, where uninsured clients needing prescription medications for chronic health issues are able to get assistance from health department staff in completing forms and assessing which medications are needed.
- All of the local health departments work with DHHS on enrolling qualifying women in the "Every Woman Matters Program." This program assists uninsured or underinsured women in getting their annual health check-ups if they meet income eligibility guidelines. At the Public Health Solutions District Health Department, over 155 women (who had been identified as being overdue for an annual exam) received cervical and breast cancer screening through this program during the twelve months of this report.

Spotlight On: Choosing Health and Maximizing Prevention

The Central District Health Department oversees the CHAMP (Choosing Health and Maximizing Prevention) grant that covers the six counties of Hall, Merrick, Kearney, Buffalo, Dawson and Phelps. Partners for this program include Two Rivers Public Health Department, Central Nebraska Council on Alcohol, Central Health Center, and Lexington Regional Hospital. The adult arm of this program targets minority women of child bearing years who are interested in making positive lifestyle changes designed to improve their overall health. Some of these lifestyle changes include choosing healthier foods and increasing physical activity. The CHAMP grant enrolled over 1,000 women in an education and coaching program. At the end of an eight-week program, 73 percent of these women scored higher than on their pretest. In addition, results from a 3-month post-program test revealed that 82 percent of participants scored higher on behavioral tests as compared to baseline scores. This translates to better knowledge of what constitutes healthy choices.

- Several departments either directly provided or contracted with other agencies to expand funding for public immunization programs. They also provided cholesterol and blood pressure screenings. For example, the South Heartland District Health Department worked with the Hastings/Adams County Immunization Clinic to provide immunizations to 320 children ages 0-18 through the Vaccines for Children program. These children were uninsured, underinsured, or were part of the Medicaid/Kid's Connection program. A total of 796 shots were administered. Data concerning each child's records are included in a statewide electronic database that is supported by DHHS. A significant number of the physicians' offices in the region no longer offer immunizations, so the clinics have become even more vital to maintain access.
- Many of the more rural local health departments reported a need for increased access for farming and ranching families to receive preventive care.
 - The Elkhorn Logan Valley Public Health Department has implemented "Operation Heart to Heart," which is a program designed to fill a service gap so that agricultural laborers and farmers can receive cardiovascular health screenings and the benefits of health education when it is more convenient for them. Following health screenings, those found to be at high risk for the development of cardiovascular disease are offered case management services. During the reporting period, 546 farmers received cardiovascular screenings.
 - Access to care for rural elderly is a concern for many local health departments. The Southeast District Health Department has identified this need, and is working on a formal plan to develop assistance in this area.

Essential Service 8: Assure a Competent Public Health and Personal Health Care Workforce

This essential service includes assessment of workforce to meet community needs for public and personal health services; maintaining public health workforce standards; and adoption of continuous quality improvement and life-long learning programs for all members of the public health workforce, including opportunities for formal and informal public health leadership development.

- Nearly all of the local health departments are preparing for Public Health Accreditation through the Public Health Accreditation Board. Public Health Accreditation provides valuable, measurable feedback to health departments on their strengths and weaknesses. In addition, accreditation provides an opportunity to improve the quality and performance of various programs within the local health departments and requires a workforce development plan.
- Many local health departments are using a variety of techniques to evaluate staff members' public health competencies and to address any deficiencies present.

- The East Central District Health Department (ECDHD) worked with UNMC to complete an assessment specific to ECDHD on the public health competencies and training needs of their staff. This needs assessment survey was completed by 66 percent of the 80 total staff members at ECDHD, and several training opportunities have been offered for staff as a result of this assessment.
- The North Central District Health Department (NCDHD) implemented a workforce development project in July of 2013 and will be reporting on during the next fiscal year.
- Staff members from local public health departments attended a variety of training sessions and conferences to increase their knowledge of public health in the past year. These included emergency preparedness, chronic disease prevention, and health surveillance. When possible, the Telehealth videoconferencing system or online webinars are used for trainings to save on travel costs.
 - A team of four staff members from the Four Corners Health Department (FCHD) completed the Management Academy for Public Health through the University of North Carolina at Chapel Hill. One of the goals of the program included learning how to create sustainable business plans that improve public health. As part of the program, the FCHD team wrote a business plan for the implementation of a worksite wellness program.
 - Five staff members from the Central District Health Department attended a one-day training on health literacy through the Nebraska Association of Local Health Directors, made possible by a HRSA Rural Outreach Grant.
 - During the 12 months of this report, the Douglas County Health Department staff participated in a new STD database training. This allowed staff to learn different sources for access to reportable diseases and associated patient information, and to learn how to enter data into a newly-revised STD data system.
 - Three staff members from the Three Rivers Public Health Department attended a Child Passenger Safety Certification course to receive training on car seat installations for the Safe Kids Three Rivers program. Having these staff members trained allows Three Rivers to operate a car seat inspection station that provides new car seats to low income families through an Office of Highway Safety grant.
 - Four staff of the South Heartland District Health Department participated in two webinar trainings to learn additional quality improvement tools and processes and then used these tools to gather baseline data on policy management.
- Health department staff provided many educational materials, information, and training to other members of the public health workforce.

- The Panhandle Public Health District (PPHD) coordinates the Panhandle's Training Academy, which is a partnership between PPHD, Panhandle Partnership for Health and Human Services, and the Western Nebraska Community College. This has allowed other public health agencies in the region to participate and benefit from public health training.
- The Northeast Nebraska Public Health Department's Health Director presents career information to Wayne State College classes in nutrition, and also in exercise physiology once or twice a semester to provide professional public health information that explains what the local health department does, and what career opportunities are available in public health.
- Many of the local health departments have participated in the Great Plains Public Health Leadership Institute. The Institute is a one-year program conducted by faculty from the University of Nebraska Medical Center and the public health practice community. The program is designed to strengthen leadership knowledge, skills, and competencies in the public health workforce.
- Health department staff members continue to keep their licenses and certifications updated. They are also pursuing additional educational opportunities for professional development.

Spotlight On: Utilizing a Cross-Training Strategy

Cross-training is a strategy used by the Four Corners Health Department to increase departmental capacity in the area of disease and environmental surveillance. A Four Corners Surveillance Team was formed to do weekly reviews of ongoing cases of disease, environmental issues, and other surveillance issues. The team is comprised of the Surveillance Program Specialist, the Public Health Nurses, the Emergency Response Coordinator, and the Executive Director. As cases are reviewed, each member of the team brings their expertise to the table, which serves to educate and cross-train the group in the areas of surveillance procedures, case management, emergency response, crisis communication, public health laws, regulations, statutes, and many other areas. This team concept has been particularly effective to assure that follow-up is completed on all cases and that there is always a trained back-up staff member who can step in when the Surveillance Program Specialist is unavailable.

Essential Service 9: Evaluate Effectiveness, Accessibility, and Quality of Services within the Health Care Industry and Public Health Departments

This service calls for ongoing evaluation of health programs, based on analysis of health status and service utilization data, to assess program effectiveness and to provide information necessary for allocating resources and shaping programs.

- Almost all of Nebraska's local public health departments have measured their work against national standards based on the ten essential services of public health. This is an evaluation of the effectiveness and quality of services provided by local public health departments. The

departments incorporate the results into their strategic planning efforts in order to improve their performance. This statewide effort involves a partnership between the local public health departments and the Division of Public Health.

- As mentioned previously, many of the local health departments continue to prepare for national accreditation through the Public Health Accreditation Board (PHAB). The purpose of national accreditation is to advance the quality and performance of health departments in order to improve service, value, and accountability to stakeholders. As part of preparation efforts, local health departments work with the Division of Public Health on conducting their community health assessments, developing a community health improvement plan, as well as a strategic plan for their health department. Additionally, the local health departments continue to implement quality improvement initiatives in an effort to improve program efficiency.
 - The West Central District Health Department (WCDHD) continues to work with the Division of Public Health on Accreditation Preparation/Quality Improvement, to evaluate each department based on the three core functions and ten essential services of public health. The WCDHD continues to work to improve its accountability by measuring performance and outcomes in all levels and programs and making the necessary changes to improve the quality and outcomes of the department.
 - Each program at the Northeast Nebraska Public Health Department (NNPHD) includes an evaluation component as part of the comprehensive project. In addition, NNPHD is working on a Quality Improvement program for all aspects of the health department and its scope of work. A new position was created to perform the quality improvement work and to help to oversee accreditation preparation plans.
 - The Southwest Nebraska Public Health Department (SWNPHD) is working on several quality improvement projects in order to improve efficiency. One such effort is to work with the State of Nebraska Radon Program to provide monthly reports on the results of every radon test measured by SWNPHD to ensure accuracy and appropriate follow-up.
 - The Central District Health Department (CDHD) is engaged in ongoing quality improvement projects to ensure program effectiveness and client satisfaction. CDHD has implemented customer satisfaction surveys within their Immunization and WIC Programs. Clients are asked questions regarding satisfaction with scheduling as well as their perceived quality of services. Program changes were implemented based on the results of these surveys.
- The local health departments consistently evaluate the evidence-based programs, presentations, and services that they provide to their communities.

- Public Health Solutions District Health Department (PHS) offers an evidence-based program recommended by the Centers for Disease Control and Prevention called “Tai Chi – Moving for Better Balance.” This program is an effective community-based intervention to prevent falls for older adults. In addition to pre- and post-tests, all participants in the program are also enrolled in a registry so that PHS staff can conduct follow-up with each participant in subsequent months regarding activity levels, fall incidents, and efforts to continue the program activities.
- The South Heartland District Health Department has implemented the Distracted Driving Prevention Program, which is an evidence-based program that targets teen drivers in their service area. This program uses media campaigns, multi-component interventions with community mobilization, and instructional programs to educate teen drivers, parents, and communities of the dangers of distracted driving.
- The Douglas County Health Department (DCHD) utilizes performance measures to evaluate their TOP program (Teen Outreach Program). Entry and exit surveys are utilized by DCHD staff, in an effort to document knowledge obtained from the program by participants. In addition, attendance, reach, and dosage data are used to document activities performed by DCHD staff to ensure proper administration of this evidence-based program.

Essential Service 10: Research and Gain New Insights and Innovative Solutions to Health Problems

This essential service includes linking with appropriate institutions of higher learning and research; engaging in economic and epidemiologic analyses to conduct needed health services outreach; and using evidence-based programs and best practices where possible.

- Thirteen local public health departments received grants from the Division of Public Health to implement comprehensive evidence-based interventions that address one of their local health priorities. These departments are using innovative evidence-based approaches to address health problems such as poor nutrition practices and low levels of physical activity.
- The Nebraska DHHS Division of Public Health created a Public Health Practice-Based Research Network (PBRN) in partnership with the University of Nebraska Medical Center, College of Public Health. Several local health directors serve on the advisory committee of the PBRN. Additionally, the local public health departments are working with the PBRN to conduct research studies on the public health workforce, quality improvement, and accreditation in Nebraska. They have completed surveys that contribute to the study.
- Public Health Solutions District Health Department (PHS) continues to work with faculty from the Creighton University School of Social Work to provide PHS county-level Behavioral Risk Factor Survey System (BRFSS) data for use by graduate students needing experience with the analysis of health data.

- The Panhandle Public Health District (PPHD) staff worked with the Gretchen Swanson Center for Nutrition to coordinate focus groups and survey distribution on the topic of access to healthy food options. Additionally, PPHD staff partnered with the University of Nebraska Medical Center to coordinate focus groups on the topic of electronic health records.
- The Southeast District Health Department has been working with the University of Nebraska Medical Center - College of Nursing to conduct a research study on rural women and weight loss.
- The East Central District Health Department (ECDHD) collaborated with researchers in several ways during the twelve months of this report. ECDHD staff co-authored a research-based study entitled “Data Synthesis in Community Health Assessment: Practical Examples from the Field.” This study was recently published in the *Journal of Public Health Management and Practice*.

Conclusion

During the twelfth year of funding and eleventh full year of operation, continuing progress has been made to strengthen local public health departments throughout the state. All departments (receiving LB 692 and LB 1060 funding) provide all of the three core functions of public health: assessment, policy development, and assurance. In addition, all departments provide all of the ten essential services. They are allocating their funds based on health needs and priorities, as determined through regular comprehensive community health planning processes. The departments have assumed a key leadership role in the coordination and planning of public health services, and have been successful in bringing together local organizations to plan for emergencies such as pandemic influenza. They continue to fill in the gaps with key services. For example, the departments track and monitor infectious disease outbreaks, identify and follow up with individuals who have communicable diseases, and offer a wide variety of health promotion and disease prevention programs. Finally, considerable progress has been made in the areas of evaluation and research as health departments evaluate their own programs and activities and collaborate with research centers to participate in various public health studies. Nebraska’s local public health departments are improving their accountability by completing a comparison of their work to national performance standards. The departments identify areas for improvement and make changes that improve the quality of their work and eventually meet the standards of the Public Health Accreditation Board.

Public Health Stories

The following short stories are included in this report to put more of a human face on public health. These stories cover a variety of issues and problems, but the common thread is that they demonstrate how public health agencies have contributed to and improved the quality of life for people in their communities.

Managing Tuberculosis – Douglas County Health Department

Managing tuberculosis (TB) cases is one of the primary responsibilities of the epidemiology section of the Douglas County Health Department. In February 2013, the department was contacted about a 62-year-old man who had just been diagnosed with active pulmonary TB. A friend of this individual had been an active case in 1994, and they had played pool together and spent a significant amount of time in each other's company. Our case knew of his friend's diagnosis, but did not get tested himself. Furthermore, this friend's son was also an active case of TB in 2012.

This individual is a very social person, especially at Christmas, when he spent time around his entire family. This resulted in 70 contacts being identified, who may have been exposed to TB, and who were all in need of testing. Six of the contacts were found to be positive for being exposed to TB and received treatment for latent TB. Understandably, the patient was greatly disappointed that he had exposed members of his family to TB, but he served as a great supporter of the Health Department and assisted the Health Department when a contact was hesitant to get tested. He was confined to his home while he was contagious, but he remained pleasant and cooperative with our staff's instructions during this time.

He has completed his treatment and is doing very well.

Responding to a Local Tragedy – South Heartland District Health Department

One role of public health during emergencies is to provide a link to crucial behavioral health services. On Wednesday, September 5, 2012, an accident involving a Blue Hill Public Schools school bus resulted in the deaths of four students, and a number of other students sustaining significant injuries. The South Heartland District Health Department (SHDHD) and their Public Health Risk Coordinator, Jim Morgan, contacted the principal of Blue Hill schools following the accident, and offered assistance wherever needed for their staff and 400 students. Mr. Morgan also mentioned the assistance of Region 3 Behavioral Health, who could be an invaluable resource for students, faculty, and the entire community as they work to recover from this tragic event. The principal was grateful for the offer and began working with Beth Reynolds, Region 3 Disaster Team Coordinator, to see how they could help. Ms. Reynolds provided guidance on ways to respond to, and recover from, an event such as this. She also provided educational materials to the school and other local organizations that could be distributed to students, staff and community members to help them deal with this tragedy. Ms. Reynolds notified the Crisis Response Therapy provider, South Central Behavioral Services in Hastings, and they said they had already had some families from Blue Hill making appointments to see a therapist following the accident. The principal of Blue Hill Schools stated that they were extremely grateful for the

assistance and it was good to know there was a “safety net out there” to help in troubled times such as this.

Elkhorn Logan Valley Health Department: Managing Diabetes

The Elkhorn Logan Valley Public Health Department (ELVPHD) helped to oversee a diabetes case involving a husband and wife, who have been married for more than 43 years, and who have nine children. Originally, the couple (who will be referred to as “Mr. and Mrs. S” for the purpose of this story) lived in Sonora, Mexico, but more than 25 years ago, they moved to this country to begin a new life.

It had been more than 20 years since Mrs. S was diagnosed with type 2 diabetes. During 2012, she had taken some classes on diabetes self-management, but it was extremely difficult to obtain full cooperation from Mrs. S, especially with her regular medical check-ups. She had not seen her medical provider since 2011 and had decided to discontinue her insulin application, arguing that she felt better. After a few educational sessions from the ELVPHD Minority Health Coordinator, she discontinued the program on diabetes management.

Mr. S was not in a much different situation than his wife. In the last four years, he had not seen a medical provider for an annual checkup even though he had a history of smoking, high cholesterol, and a diet with an excessive intake of foods high in fat.

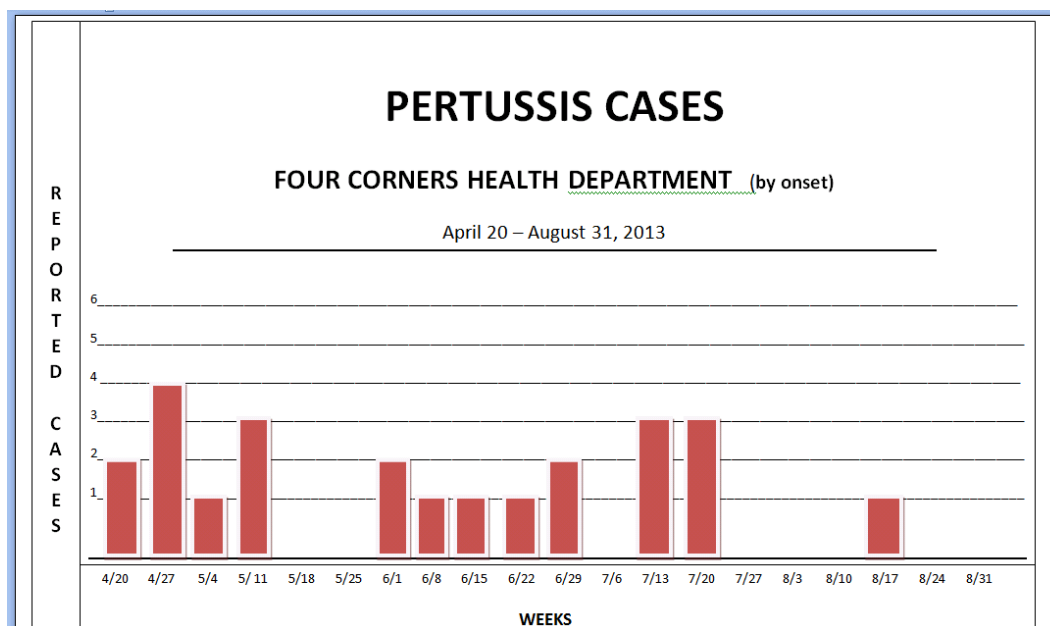
Both Mr. and Mrs. S were covered by Medicaid, so the lack of insurance was not a barrier to accessing treatment, but rather, they did not seek medical attention due to their own reluctance to make their health a priority.

Unfortunately, Mr. S suffered a heart attack in December 2012. This seemed to serve as a “wake-up call” for both Mr. and Mrs. S in regards to taking care of their health. They began to work with the ELVPHD Minority Health Educator on establishing a plan for their health and set specific goals pertaining to their health.

Because of their work with the Minority Health Educator, the ELVPHD observed some significant results regarding Mr. and Mrs. S, including increased participation by Mr. and Mrs. S in educational sessions provided by ELVPHD; regular attendance of scheduled check-ups and medical appointments; increased physical activity by Mr. and Mrs. S; and, Mr. S quit smoking. This is just one example of the kind of oversight that ELVPHD can provide to individuals.

Four Corners Health Department – Managing a Pertussis Outbreak

An outbreak of pertussis, also known as whooping cough, became a significant event this year for the Four Corners Health Department (FCHD). A total of 24 cases of whooping cough were confirmed in a local community during a 4-month period. Over 160 people were treated with antibiotics because they had whooping cough, or were exposed to the disease by being in close contact with a person who had the disease. The graph below shows the incidence of the pertussis cases over the 4 months.



The outbreak came to light when a school nurse, who had previously worked closely with the department, called to report a case of pertussis in a child attending the local middle school. The school nurse knew that the local health department would be involved in identifying other children and staff who might have been exposed to the disease. The nurse also shared with staff at Four Corners that several other children in the school seemed to have persistent coughs that now seemed suspect.

FCHD and the school worked together to inform parents about whooping cough and its symptoms. Together they identified other children who were possibly showing symptoms or who had been exposed, and referred them to their medical providers. In the last month of the school year, 10 new cases of pertussis were identified, and many more individuals were placed on antibiotics so that they did not develop the disease. Informing the local medical providers of the known presence of pertussis in the community was crucial to assuring that children were tested and treated.

As school let out for the year, FCHD remained hopeful that no further cases would develop. However, new cases were reported again in June. FCHD did a great deal of investigation to ensure that exposed people received antibiotics if appropriate, and that the general public knew about the signs and symptoms of pertussis. In July, there were additional cases identified in toddler/preschool-aged children. Two local childcares and one preschool worked with FCHD very closely to inform parents and to ensure that any exposed children were referred to their medical providers. The health department continued to issue press releases and health alerts to medical providers to keep everyone aware of the situation and to further promote public health recommendations regarding this disease.

Although there are still occasional pertussis cases that are reported to the Four Corners Health Department, the total number of pertussis cases within the district has reduced significantly. Four Corners Health Department will continue to monitor the situation and is prepared to work with their community partners if the need arises.

Appendix A. Contact Information for Nebraska's Local Health Departments funded under the Nebraska Health Care Funding Act (LB 692)

Central District Health Department

Teresa Anderson, Director
1137 South Locust Street
Grand Island, NE 68801
Phone: (308) 385-5175
Website: www.cdhd.ne.gov

Douglas County Health Department

Adi Pour, Director
1111 South 41st Street
Omaha, NE 68183
Phone: (402) 444-7471
Website: www.douglascountyhealth.com

East Central District Health Department

Rebecca Rayman, Executive Director
2282 East 32nd Avenue
Columbus, NE 68601
Phone: (402) 563-9224
Website: www.eastcentraldistricthealth.com

Elkhorn Logan Valley Public Health Department

Gina Uhing, Director
Box 779
Wisner, NE 68791
Phone: (402) 529-2233
Website: www.elvphd.org

Four Corners Health Department

Vicki Duey, Executive Director
2101 North Lincoln Avenue
York, NE 68467
Phone: (402) 362-2621
Website: www.fourcorners.ne.gov

Lincoln-Lancaster County Health Department

Judy Halstead, Director
3140 "N" Street
Lincoln, NE 68510
Phone: (402) 441-8000
Website: www.lincoln.ne.gov/city/health

Loup Basin Public Health Department

Chuck Cone, Director
934 I Street/Box 995
Burwell, NE 68823
Phone: (308) 346-5795
Website: www.loupbasinhealth.com

North Central District Health Department

Roger Wiese, Director
422 East Douglas Street
O'Neill, NE 68763
Phone: (402) 336-2406
Website: www.ncdhd.ne.gov

Northeast Nebraska Public Health Department

Deb Scholten, Director
215 North Pearl Street/Box 68
Wayne, NE 68787
Phone: (402) 375-2200
Website: www.nnphd.org

Panhandle Public Health District

Kim Engel, Director
808 Box Butte Avenue/Box 337
Hemingford, NE 69348
Phone: (308) 487-3600
Website: www.pphd.org

Public Health Solutions District Health Department

M Jane Ford Witthoff, Health Director
995 East Highway 33/Suite 1
Crete, NE 68333
Phone: (402) 826-3880
Website: www.phsneb.org

Sarpy/Cass Department of Health and Wellness

Dianne Kelly, Director
701 Olson Drive/Suite 101
Papillion, NE 68046
Phone: (402) 339-4334
Website: www.sarpy.com/health

South Heartland District Health Department

Michele Bever, Executive Director
606 North Minnesota/Suite 2
Hastings, NE 68901
Phone: (402) 462-6211
Website: www.southheartlandhealth.org

Southeast District Health Department

Kay Oestmann, Director
2511 Schneider Avenue
Auburn, NE 68305
Phone: (402) 274-3993
Website: www.sedhd.org

Southwest Nebraska Public Health Department

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